FINANCIAL STATUS REPORT

(Short Form)

RECEIVE APR 2 0 2007

	(Follow instruction	s on the back)	TO THE	OMB Approval Page of	
- instignal Element	2. Federal Grant or Other Ide	entifying Number Assigna	COMMIS	No.	
 Federal Agency and Organizational Element to Which Report is Submitted 	By Federal Agency			0348-0038 / /	
	264-07			pages	
Denali Commission	lockeding ZID code)				
Denal: (ommission) 3. Recipient Organization (Name and complete as City of Bethe)	Idless' likinos A Til. 2022)			Į	
City of Detner	lu 0-000				
P.O. Box 1388, Bethe !.	4K 99559	- or Identifying Number	6. Final Report	7. Basis	
4. Employer Identification Number	5. Recipient Account Number or Identifying Number		Yes No	☑ Cash ☐ Accrual	
92-600 1644	7450384	g. Period Covered by t	his Report		
8. Funding/Grant Period (See instructions)	To: (Month, Day, Year) From: (Month, Day,		Year)	To: (Month, Day, Year)	
From: (Month, Day, Year)	10. (800101, 203)			03 31 2007	
12 13 2006	12/31/2007	14 (15)	1 11	111	
10. Transactions:		Previously	This	Cumulative	
		Reported	Period		
			\$00.00	\$82.00	
a. Total outlays		0	\$8300		
		-0-	\$ 82.00	# 82.00	
b. Recipient share of outlays			321		
c. Federal share of outlays		-0	→	<u> </u>	
c. Faderal snare of buttays				•	
d. Total unliquidated obligations				海	
e. Recipient share of unliquidated obligations					
e. Recipient share of uninquidated conguests					
f. Federal share of unliquidated obligations				_ <i>O</i> ,	
g. Total Federal share(Sum of lines c and f)					
h. Total Federal funds authorized for this funding period				#43.028·	
				# 43 028.00	
i. Unobligated balance of Federal funds(Line h minus line g)				A 03 08	
a. Type of Rate(Place X	" in appropriate box)			Fixed	
	sional Pre	determined	Final	e. Federal Share	
Expense b. Rate	c. Base	d. Total Amount		g. Togging State	
NA 0%	\$43,028, <u>e0</u>		a agency in complis	nce with governing	
12. Remarks: Attach any explanations deemed	I necessary or information requ	ired by Federal Sponsoni	ig agency in compra	100 III 3-1-1 III	
legislation.					
		11 1	amplet and that a	fl outlave and	
13. Certification: I certify to the best of my	knowledge and bellef that this	s report is correct and (ompiere and urat s	II Afrida min	
unliquidated obligations are for the purposes set forth in the award documents.			Telephone (Area	Telephone (Area code, number and extension)	
Typed or Printed Name and Title					
Richard Wallace, Acting Finance Director			907-543-1375		
Signatura of Authorized Certifying Official			Date Report Sub	mitted	
Sill mondo. And direct of contrast of cont					
It I MILL MILLS			04/1	6/2007	
NSN 7540-01-218-4367		30	P"	Standard Form 269A (Rev. 7-	

Prescribed by OMB Circulars A-102 and A-110